

Maternal and Child Health (MCH) / Children and Youth with Special Health Care Needs (CYSHCN) UPDATE

February 2013

The purpose of this **UPDATE** is to share important information on national, state, and local maternal and child health issues, including children and youth with special health care needs, to Title V Maternal and Child Health Block Grant providers. You will also be updated on pertinent resources and state and regional “happenings.” We hope the **UPDATE** will promote statewide sharing and contribute to improved maternal and child health in Wisconsin. Please share this **UPDATE** with others.

DISTRIBUTION

The **UPDATE** will be posted to the [MCH Program website](#) or distributed by request via email. To receive the **UPDATE**, send your name and email address to [Mary Gothard](#).

FORMAT

The **UPDATE** design includes content headings and a table of contents. We hope this enables easier reading and access to the information that pertains to you. The **UPDATE** contains “active links” to content; therefore, it is best read electronically. If you have comments or suggestions for a future issue, contact [Mary Gothard](#) at (608) 266-9823.

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THINGS YOU DON'T WANT TO MISS!

Changes in the Family Health Section

One outcome of the 2012 restructuring of the DPH Regional Offices is that some MCH-funded positions in the region are now working directly with the MCH Program. The following DPH regional staff joined the Family Health Section in November 2012:

- Karen Morris, Public Health Nurse
- Jodie Moesch-Ebeling, Public Health Nurse
- Sandy Poehlman, Public Health Nutritionist
- Terrell Brock, Public Health Nutritionist (50% MCH/50% WIC)
- Paula Hanson, Public Health Nutritionist (50% MCH/50% WIC)
- Cathy Sendelbach, Public Health Educator
- Julie Maccoux, Office Operations Associate, IT Support

Following a transition period, their time will be dedicated to MCH responsibilities focusing on the Wisconsin Healthiest Families and Keeping Kids Alive initiatives, PNCC, Women's Health, SPHERE and other topics. This restructure provides the MCH Program with opportunities to improve and enhance services. [Note: the MCH Program website contains a [staff contacts page](#) with e-mail addresses and phone numbers for all Family Health Section staff.]

BCHP PROGRAM/PARTNER NEWS & EVENTS

Collaborative Improvement and Innovation Network (COIIN)

The federal Maternal and Child Health Bureau (MCHB) is spearheading a national initiative to reduce infant mortality, in collaboration with the Association of Maternal and Child Health Programs (AMCHP), the Association of State and Territorial Health Officials (ASTHO), CityMatCH, the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and the March of Dimes (MOD). The state Title V MCH programs and partners in Region V (Indiana, Illinois, Michigan, Minnesota, Ohio, and Wisconsin) have been invited to join the states in Regions IV and VI, in a Collaborative Improvement and Innovation Network (COIIN) to reduce infant mortality and improve birth outcomes. Please stay tuned for regular updates about this important new initiative for Wisconsin. For further information, please contact [Patrice Onheiber](#).

Family Health Section Staff Updates

- *LEAH LUDLUM RN, BSN, CDE -INFANT/CHILD PUBLIC HEALTH NURSE CONSULTANT.* Leah joined the MCH Program in October. She is responsible for monitoring the MCH contracts in the Northern Region and CYSHCN Regional/HUB contracts. Leah will provide statewide technical assistance to hospitals, community-based organizations, local health departments and primary care providers. She will help improve care and implement system change efforts to promote optimal health of infants and children, including children and youth with special health care needs. Prior to coming to MCH Leah directed the Diabetes Prevention and Control Program in Wisconsin. Leah has worked as a Registered Nurse for over 25 years in various specialty areas and has experience in assessment, planning, marketing, developing, implementing and evaluating a variety of quality improvement programs and community events. She developed strong partnerships with many different health care professionals and community organizations in Wisconsin, collaborating to design projects/ programs to

improve state outcomes. Leah received her Bachelor of Science and Bachelor of Nursing from the University of Wisconsin–Madison and has been a Certified Diabetes Educator (CDE) for over 15 years. Leah can be reached at (608) 267-6716 or leah.ludlum@wisconsin.gov.

- *SUSAN LATTON - STATEWIDE COORDINATOR FOR CYSHCN INITIATIVES.* Susan recently joined the Children and Youth with Special Health Care Needs (CYSHCN) Program. In her position, Susan will coordinate technical assistance and training for CYSHCN Program grantees and support collaboration between partners, both internal and external to the Division of Public Health, to advance health and system coordination for children and youth with special health care needs. Some key focus areas will be working with partners to identify and prevent health disparities for children and adults with disabilities, building system coordination and inclusion of people with disabilities in chronic disease planning and programs; and developing communication resources and coordination. Susan has more than 20 years of experience leading community-based prevention initiatives in Wisconsin and nationally. In Wisconsin, Susan has managed coalition-driven public health programs in obesity prevention, cancer control and tobacco prevention, substance abuse, violence prevention and maternal and child health. The position of Statewide Coordinator for CYSHCN Initiatives is supported through a contract with the University of Wisconsin-Madison Waisman Center, though Susan is housed at the Wisconsin Division of Public Health, Bureau of Community Health Promotion. Susan can be reached at (608) 267-3861 or susan.latton@wisconsin.gov.

Updates: WI Association for Perinatal Care (WAPC) & the Perinatal Foundation

Register today for the [2013 WAPC Annual Statewide Perinatal Conference](#)! The conference will be April 21-23 at the Country Springs Hotel in Waukesha. Early bird registration rates will expire on March 1st! Featured plenary speakers include:

- Steven J. Ralston, MD, MPH - Division Director, Maternal-Fetal Medicine, Beth Israel Deaconess Medical Center, Boston, MA
- Debra B. Selip, MD - Assistant Professor of Pediatrics, Section of Neonatology, Pediatric Medicine Director, The Fetal and Neonatal Medicine Center, Rush University Medical Center, Chicago, IL
- Magda G. Peck, Sc.D. - Founding Dean and Professor, Joseph J. Zilber School of Public Health, University of Wisconsin-Milwaukee, Milwaukee, WI

Here is a sample of what you will learn:

- *Essentials* - managing neonatal asphyxia, managing hypertension during pregnancy, promoting safe sleep policies, reducing maternal morbidity and mortality
- *Innovations* - providing neonatal palliative care, coordinating pre- and inter-conception care in medical homes, examining non-invasive prenatal testing
- *Strategies* - assisting with perinatal weight management, promoting births after 39 weeks, responding to emergency postpartum hemorrhage, feeding premature infants
- *Challenges* - managing the care of women affected by opioids, providing donor breast milk, providing effective mental health services for pregnant women, preparing for national health insurance changes

Call for Poster Abstracts - you are invited to [submit an abstract](#) for the 2013 WAPC Annual Conference Poster Session. All research and projects must be complete at the time the abstract is submitted. The deadline to submit abstracts for consideration is February 8, 2013.

First Breath/My Baby & Me Program Update - Wisconsin Women's Health Foundation

In 2012, First Breath sites enrolled over 1,200 women into the prenatal smoking cessation program. Planning for the annual statewide meeting is underway. The event will be held Thursday, March 28, 2013 from 8:30 am to 4:30 pm at the Holiday Inn Hotel & Conference Center in Stevens Point. For more information or to register, contact [Hillary Whitehorse](#) at (608) 251-1675, ext. 112.

Public Health Hotlines - What does a Wisconsin First Step Parent Specialist do?

A Parent Specialist provides supportive listening, offers parents guidance on appropriate agencies, and, when necessary, researches special topics and offers advocacy to parents or providers of special needs children ages birth-21. At Wisconsin First Step, a follow-up call is offered 100 percent of the time, and since each Parent Specialist parents a special needs child, they understand the importance of this service.

1. Collect Information and Refer

Listening to parents and talking about appropriate referrals are the key elements of a Parent Specialist's role. Parents call for many reasons, such as: the news of a child's recent diagnosis, the child's situation has been going well and then there is a "bump" in the road, seeking funding for an appropriate service/therapy, troubleshooting IEPs, getting a screening for a condition, finding contacts regarding health benefits, locating a support group, seeking another parent having a similar experience with his/her child, preparing for a child's transition into college, assisting providers in finding agencies for clients, and much, much more. Lending an empathetic ear and being dedicated to finding the best referrals for a caller are key roles of the Parent Specialist.

2. Research and Advocate

At times it becomes necessary for a Parent Specialist to dig deeper into a specific area, or communicate with professionals assertively in order to help a parent make a connection or receive services. Sometimes an overwhelmed parent wants to know more but they are still sorting out their child's diagnosis. They may be grieving a label that was unexpected, but still need services. A Parent Specialist could send out a mailing with appropriate referral lists and research regarding the diagnosis, then discuss what was mailed a week or so later with that parent on a follow-up call. Often a parent may have difficulty working through a process with a provider, such as filling out appropriate paperwork because it is challenging; navigating a prescription drug coverage process; or needing to request a new school evaluation because an IEP does not meet the needs of the child, to name a few examples. A Parent Specialist can call the provider in question and offer to help the provider and parent come to an agreement.

Follow-up

Any parent of a child with special needs knows what it feels like to be listened to, to be offered correct and appropriate connections, and sometimes to be listened to some more. A Parent Specialist always offers a follow-up call! A follow-up call is important because the parent of the special needs child has someone *committed* to talk to them again within two weeks of the initial call. Once the parent or provider makes that initial call he/she is reminded to call the Parent Specialist back at *any* time—one month, 6 months, two years, at which point the Parent Specialist will be available again to listen and assess, and to follow-up. Parents may call Wisconsin First Step at 1-800-642-7837, 24 hours a day, seven days a week, 365 days a year! (www.mch-hotlines.org)

CURRENT RESEARCH/NEWS

FDA Approves Tamiflu for Babies Less Than One Year of Age

Earlier this month, the Food and Drug Administration (FDA) [expanded the approved use](#) of the flu medication Tamiflu (oseltamivir) to treat babies less than one year of age. Children as young as two weeks old, who have shown symptoms of the flu for no longer than two days, can be given the medication. However, the FDA stressed that dosing for children less than one year must be calculated for each patient based on their exact weight. These children should receive three milligrams per kilogram of weight twice daily for five days. The smaller doses in this group of children will require a different dispenser than the one currently packaged with Tamiflu. The FDA expanded the approved use of Tamiflu in children younger than one year of age based on extrapolation of data from previous study results in adults and older children, and additional supporting safety and pharmacokinetic studies sponsored by both the National Institutes of Health and Roche Group, Tamiflu's manufacturer. Tamiflu was first approved for adults in 1999, and was recently approved as a treatment for adults and children aged one and older with flu symptoms for no longer than two days, and to prevent flu in these groups. See [more FDA information](#).

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. December 31, 2012.

Special Issue Focuses on the Life Course Model

The [January/March 2013 issue](#) of *Family and Community Health* discusses a variety of approaches for providing health-promotion and disease-prevention strategies. Several of the authors use the life-course health-development (LCHD) framework to guide their work. The articles in the issue deal with parent-child relations and their impact on health disparities based on factors such as ethnicity, as well as illnesses such as HIV, obesity, and caregiver stress that affect those caring for children with asthma. Consistent with the LCHD concepts, the issue devotes attention to novel ways to communicate health-promotion information, such as through comic books. Lancaster J, ed. 2013. *Family and Community Health* 36(1):1-91.

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Study Examines Effectiveness of Text4baby

Results from the first randomized evaluation of [text4baby](#) have shown it to be an effective service for pregnant women. Text4baby is a free mobile information service that provides pregnant women and moms with babies under age one with customized health and safety information and public health alerts. Led by George Washington University and published November 26th in the journal BMC Public Health, the [study](#) found that mothers enrolled in text4baby were "nearly three times more likely to believe that they were prepared to be new mothers compared to those in the no exposure control group." Study participants were low-income pregnant women receiving care at the Fairfax County, Virginia Health Department and were primarily Spanish-speaking. Half of the women in the study received text4baby messages and continued their usual care while the control group received their usual care without the text messages. Women were surveyed before receiving the text messages and at a follow-up. The goal was to learn if text messages could be used to help the women understand the importance of not smoking, eating a healthy diet and other healthy behaviors. [Text4baby](#) helped mothers to become more prepared for the arrival of a new baby as well as understanding the value of healthy habits.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. December 17, 2012.

AAP Study on Breastfeeding Education & Support for Overweight & Obese Women

A new [study](#) published in Pediatrics evaluated a specialized breastfeeding peer counseling intervention promoting exclusive breastfeeding among overweight/obese, low-income women. It was determined that the intervention did not impact exclusive breastfeeding practices in this population, but was associated with increased rates of breastfeeding and breastfeeding intensity at two weeks postpartum, and decreased rates of infant hospitalization in the first six months after birth.

Multidisciplinary Guidelines for the Care of Late Preterm Infants

Late preterm infants are classified as those born between 34 and 36 6/7 weeks gestational age. Because these babies often look and seem normal, at least at first, much less attention is focused on this group than on babies born more prematurely. However, late preterm infants are at a higher risk for short and long-term health challenges requiring increased levels of assessment and care.

In response to increasing awareness of the very real risks for late preterm infants, the National Perinatal Association worked with many partners to create multidisciplinary guidelines that provide evidence-based recommendations for the care of late preterm infants. Entitled [*Multidisciplinary Guidelines for the Care of Late Preterm Infants*](#), the guidelines provide a roadmap to parents and providers that focuses on specific needs from birth through early childhood, helping to ensure potential health issues aren't overlooked.

Authors Describe Approach to Supporting Newborns' and Young Infants' Transition from NICU to Home

"EI [early intervention] and nursing professionals in Colorado have indicated their need for comprehensive and collaborative educational programs focused on supporting families after NICU [neonatal intensive care unit] discharge and into the first few months after discharge," write the authors of an article published in the December 2012 issue of *Newborn and Infant Nursing Reviews*. Increasing numbers of fragile newborns and young infants (including those born very preterm, late preterm, and early term) transition from the NICU to home with continuing health and developmental challenges.

The Colorado Learning Collaborative (LC) pilot program provided technical assistance to experienced EI and nursing professionals who met monthly to further develop their evaluation, intervention, and systems-building skills. The LC included in-depth application of the Individualized Family Service Plan for newborns and young infants using assessment and intervention education, case studies, and guided practicum experiences. The BABIES and PreSTEPS models (acronyms for components of the approach) provided a structure for learning and discussion. Process and outcome data collected on a regular basis revealed the following results of participation in the pilot learning collaborative:

- Knowledge of the particular developmental needs of fragile newborns, young infants, and families increased by 10 percent in each area evaluated.
- Referrals and service provision increased from 33 percent to 52 percent over the year-long learning collaborative.
- EI professionals and nurses changed their approaches to their work after the collaborative, moving from a therapy-goal-specific approach to a family-supportive, relationship-based approach. For example, when they began the collaborative, 28 percent of professionals and nurses identified their primary practice goal as supporting the infant-parent relationship; after the collaborative, the percentage had increased to 100 percent.

- LC outcomes were also evaluated qualitatively; all respondents reported positive outcomes.

"Nurses in particular have a broad understanding of the special health and developmental needs of fragile infants transitioning from the NICU, and can effectively use the in-depth learning collaborative to inform specific and supportive relationship-based intervention approaches," conclude the authors.

Browne JV, Talmi A. 2012. Developmental supports for newborns and young infants with special health and developmental needs and their families: The BABIES model. *Newborn and Infant Nursing Reviews* 12(4):239-247. [Abstract](#).

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Article Provides Guidance on Evaluating SUID, SIDS, & Fatal Child Abuse and Neglect Cases in the Emergency Department

Sudden Unexpected Infant Death: Differentiating Natural from Abusive Causes in the Emergency Department provides guidance on reporting and evaluating sudden unexpected infant death (SUID) for pediatric emergency physicians, general emergency physicians, general pediatric physicians, and family physicians working in emergency departments. The continuing medical education review article, published in the October 2012 issue of *Pediatric Emergency Care*, addresses the diagnostic, public health, and child welfare implications differentiating sudden infant death syndrome and fatal child abuse. Topics include evaluating the demographics and etiologies of SUID, assembling the information needed from the history and physical examination of SUID cases to aid medical examiners' forensic investigations, and distinguishing which SUID cases are more likely to be deaths due to child abuse and neglect.

Bechtel K. 2012. Sudden unexpected infant death: Differentiating natural from abusive causes in the emergency department. *Pediatric Emergency Care* 28(10):1085-1089. [Abstract](#).

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Supplement Explores the Developmental Neuroscience of Early Stress and Disadvantage

The October 16, 2012, supplement to *PNAS (Proceedings of the National Academy of Sciences of the United States of America)*, titled [Biological Embedding of Early Social Adversity: From Fruit Flies to Kindergartners](#), is composed of papers on the origins and consequences of early social adversity and was presented at the December 2011 Arthur M. Sackler Colloquium. Following an overview of the field and its challenges, the papers address a range of social contextual stressors. These range from poverty and deprivation to acute and chronic life stress to the experiences of societal stratification, subordination, and social network affiliation. Topics include a survey and critique of the literature linking socioeconomic status and health and an historical perspective on how early socioeconomically graded adversities become biologically embedded. Additional topics include advances in understanding central and peripheral neural responses to psychosocial stressors; the impact of early experience on social, perceptual, and cognitive systems; how inherited and environmental factors work together to shape both adaptive and maladaptive developmental and behavioral outcomes; and the health consequences of social position and relationships. This special issue tells an emerging story of the impact of early social conditions on health. The nascent but now substantial and increasingly coherent story traces many of the chronic morbidities, behavioral proclivities, and lasting afflictions of adulthood to experiences of adversity, maltreatment, and subordination sustained in the early years of life. Taken from October 26, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Study: Booster Seat Laws & Fatality Rates in Children

A [study](#) published online November 5, 2012 in the journal *Pediatrics* examines whether state booster seat laws were associated with decreased fatality rates in children 4-7 years of age in the United States. A retrospective, longitudinal analysis was conducted of all motor vehicle crashes involving children 4-7 years of age identified in the Fatality Analysis Reporting System from January 1999 through December 2009. The main outcome measure was fatality rates of motor vehicle occupants in this age group. States with booster seat laws had a lower risk of fatalities among 4-5-year-olds than states without booster seat laws. In addition, those states with booster seat laws that included 6-year-olds and 7-year-olds also had decreased fatalities. The study authors concluded that booster seat laws are associated with decreased fatalities in children 4-7 years of age, with the strongest association seen in children 6-7 years of age.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. November 13, 2012.

Report Calls for Collective Nationwide Investment in Defending Children from Exposure to Violence

[*Defending Childhood: Report of the Attorney General's National Task Force on Children Exposed to Violence*](#) calls for action by the federal government, states, tribes, communities, and the private sector across the country to marshal available knowledge and resources to defend all children against exposure to violence. The report, released December 12, 2012, by the United States Department of Justice, presents findings and recommendations of a national task force on ways to prevent, reduce, and treat children's exposure to violence. The report begins with an overview of the problem and 10 foundational recommendations, including recommendations to ensure that all children exposed to violence are identified, screened, assessed and given support, treatment, and other services designed to address their needs. Additional recommendations focus on prevention and emphasize the importance of effectively integrating prevention, intervention, and resilience across systems by nurturing children through warm, supportive, loving, and nonviolent relationships in homes and communities. The report concludes with a call for an approach to juvenile justice that acknowledges that the vast majority of children in the juvenile justice system have been exposed to violence, necessitating the prioritization of services that promote their healing.

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Study Identifies Parental Characteristics Associated with Bullying Perpetration in U.S. Children

"Although we could not determine whether these associations were causal, results from the nationally representative data used in this study lend support to findings from previous international and community-based U.S. studies on the potentially important role of parental factors in bullying perpetration," state the authors of an article published in the December 2012 issue of the *American Journal of Public Health*. Much research on bullying has been conducted internationally, with a customary focus on sociodemographic and child characteristics associated with bullying. U.S. studies have primarily relied on school-based self-reports from children, and few have used nationally representative data sets. A recent meta-analysis of school-based bullying prevention interventions concluded that parent training and education are essential components of effective interventions to reduce bullying, which suggests that parental characteristics and behaviors may influence child bullying. However, little information is available on parental characteristics associated with child bullying in the United States and whether these characteristics influence bullying independent of child or community characteristics. The article identifies factors associated with child bullying perpetration using a national U.S. data set and focusing on parental characteristics. The authors found that:

- Children aged 10 to 12 were more likely to be bullies than were children aged 16 to 17.
- African-American and Latino children had higher odds than white children of being bullies, whereas Asian-Pacific-Islander children had lower odds.
- Children with emotional, developmental, or behavioral (EDB) problems had higher odds of being bullies, whereas children who always or usually did required homework had lower odds.
- Children living in poverty had almost twice the odds of being bullies, whereas those living in households in which English was not the primary language had lower adjusted odds.
- Children whose parents always or usually felt angry with their child, felt that the child did things that bothered them a lot, felt that their child was much harder to care for than most other children, and had suboptimal maternal mental health had higher odds of being bullies.
- Children whose parents had met all or most of their child's friends and communicated very or somewhat well with their child had significantly lower adjusted odds of being bullies.

"Continued efforts are needed to evaluate whether screening for childhood EDB problems, negative parental perceptions of children, and maternal mental health can be used to identify children at risk for being bullies," conclude the authors.

Shetgiri R, Lin H, Avila RM, et al. 2012. Parental characteristics associated with bullying perpetration in US children aged 10 to 17 years. *American Journal of Public Health* 102(12):2280-2286. [Abstract](#). Readers: More information is available from the following MCH Library resource: [Bullying: Resource Brief](#).

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WISCONSIN DATA TIDBITS & DATA REPORTS

Wisconsin PRAMS – What Moms Tell Us about Needing and Receiving Services

Results from the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) indicate new mothers reported that they needed and received services. The survey asked: "During your most recent pregnancy, did you feel you needed any of the following services?" And, "During your most recent pregnancy, did you receive any of the following services?" The mother is asked to circle "Y" (Yes) or "N" (No) for each needed and received service. The choices are:

- Food stamps, WIC vouchers or money to buy food
- Counseling information for family and personal problems
- Help to quit smoking
- Help to reduce violence in your home
- Other

More than two-fifths (41%) of new mothers reported that they needed food stamps, WIC vouchers, or money to buy food. However, by race/ethnicity, African American and Hispanic/Latina mothers (75% and 66% respectively) reported a greater proportion of needing services for food stamps, WIC vouchers or money to buy food. For other services, higher percentages of African American and Hispanic/Latina mothers reported needing services, compared to white mothers.

Table 1: Percent of Mothers Who Needed Services

Race/ethnicity	Food stamps, WIC vouchers, or money to buy food	Counseling information	Help to quit smoking	Help to reduce violence in your home	Other
White, non-Hispanic	32%	11%	7%	1%	3%
Black, non-Hispanic	75%	22%	11%	5%	9%
Hispanic/Latina	66%	17%	3%	4%	6%
Other	55%	10%	6%	1%	7%
Total	41%	13%	7%	2%	4%

Source: 2009-2010 Wisconsin PRAMS, Division of Public Health, Department of Health Services.

Notes: Percents do not add to 100% because the categories are mutually exclusive.

About 75% of African American and Hispanic mothers reported that they received food stamps, WIC vouchers, or money to buy food, compared to less than one-third (30%) for white mothers. For mothers who received services, the same pattern is consistent: mothers of minority/racial ethnic groups received more services than white mothers.

Table 2: Percent of Mothers Who Received Services

Race/ethnicity	Food stamps, WIC vouchers, or money to buy food	Counseling information	Help to quit smoking	Help to reduce violence in your home	Other
White, non-Hispanic	30%	7%	3%	1%	1%
Black, non-Hispanic	79%	16%	9%	4%	6%
Hispanic/Latina	74%	12%	3%	2%	5%
Other	56%	8%	6%	1%	4%
Total	41%	8%	4%	--	2%

Source: 2009-2010 Wisconsin PRAMS, Division of Public Health, Department of Health Services.

Notes: A dash (--) indicates 0.5% or less. Percents do not add to 100% because the categories are mutually exclusive.

If you would like PRAMS data presented, or for more information, contact [Kate Kvale](#) - Project Director, at (608) 267-3727.

Wisconsin Youth Smoking Rates

Wisconsin high school and middle school smoking rates have hit an all-time low, according to the *2012 Youth Tobacco Survey*. The high school rate has fallen from 17.7% in 2010 to 13.1% in 2012 (a 26% decrease) and the middle school rate has fallen from 3.9% in 2010 to 2.5% in 2012 (a 36% decrease). [DHS News Release](#)

CONFERENCES & AWARENESS CAMPAIGNS

Wisconsin Health Education Network Annual Meeting

The 2013 Wisconsin Health Education Network (WHEN) Annual Meeting *Roles and Responsibilities of Health and Helping Professionals: Collaboration, Partnership and Sustainability for Prevention and Health Promotion* will be held April 19, 2013 at the Marriott Madison West. Visit the University of Wisconsin-La Crosse Continuing Education and Extension [website](#) for registration and additional details.

Professional Development Opportunities

Registration is now open for the first several events of 2013 from Wisconsin Early Childhood Collaborating Partners. See details below and visit the University of Wisconsin Extension Family Living Program [website](#) for frequent updates.

[ASQ Webinar Tip Sheet 7](#) [ASQ-3 & ASQ: SE](#) [Great Beginnings](#)

Webinar	February 21
Manitowoc	March 19
Stevens Point	February 25-26

Annual HealthWatch Wisconsin Conference

The [2013 HealthWatch Wisconsin Annual Conference](#) will be held February 25-26 at the Best Western Plus Inn on the Park in Madison. Keynote speaker, Kenneth Munson, Regional Director, U.S. Department of Health & Human Services, will join a panel of experts covering health reform nationally and in Wisconsin. Panels over the two-day conference will address health care exchange plans for Wisconsin and access to mental and oral health care.

National Folic Acid Awareness Week

January 6-12, 2013 was [National Folic Acid Awareness Week](#), designed to spread the message of the importance of folic acid intake for the prevention of birth defects. The National Council on Folic Acid (NCFA) notes that women of childbearing age need an extra 400 micrograms (mcg) of folic acid each day, and can get it by taking a daily multivitamin or eating fortified foods. Although all enriched cereals and grain products in the U.S. are fortified with folic acid, only one-third of U.S. women of childbearing age consume the recommended amount from their diet. Because 50 percent of all pregnancies are unplanned, women should take folic acid before pregnancy to reduce the risk of birth defects of the brain and spine, called neural tube defects (NTDs) by up to 70 percent.

Baby Monitor Safety Campaign

The Juvenile Products Manufacturers Association has launched an awareness campaign to alert parents and caregivers about the proper use and positioning of baby monitors and other line cords in the nursery. Line cords on nursery items, such as baby monitors, can create a potential hazard if not properly placed. Since 2002, seven children have strangled due to entanglement in baby monitor cords. The campaign includes a new [website](#) dedicated to baby monitor safety. Through the site, parents and caregivers can access baby monitor safety tips, advisories and a public safety video in English and Spanish demonstrating safe baby monitor use. Parents and caregivers are also given the option to request free safety warning labels direct from manufacturers to affix to their monitor cord.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. December 3, 2012.

WEBSITES & TECHNOLOGY-RELATED RESOURCES

MCH Library Releases Resource Guides About Stress During and After Pregnancy

[*Maternal Distress in the Perinatal Period and Child Outcomes: Knowledge Path*](#) directs readers to a selection of current, high-quality resources that describe some sources of stress that pregnant women and new mothers experience and the impact of maternal distress on the developing fetus and young child. The knowledge path, which was developed by the Maternal and Child Health Library (MCH Library) at Georgetown University with support from the William J. and Dorothy K. O'Neill Foundation, points to policies, programs, and practices that enhance a woman's ability to cope with stress, provide social and emotional support for pregnant women and new mothers, and build protective factors in new families. Health professionals, program administrators, policymakers, and researchers can use the knowledge path to learn more about maternal distress and child outcomes, to integrate what they know into their work in new ways to improve care, for program development, and to locate training resources and information to answer specific questions. A separate brief lists resources for families.

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Maternal and Child Health Life Course Research Network (LCRN)

The LCRN aims to improve understanding of how health develops over the life span. The [website](#) was launched by the UCLA Center for Healthier Children, Families and Communities with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. It provides a mechanism for researchers, practitioners, and policymakers to interact, share information, and engage in projects that advance life course health development research and enable evidence-based practice and policymaking. Contents include a newsletter; a webinar series; expert interviews; and resources on life stages, issues, and conditions.

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Pregnancy in the Context of a Woman's Lifespan

This [webinar](#) discusses the life course perspective and implications for maternal and child health practice. The webinar, held on September 6, 2012, is one in a series of webinars co-sponsored by the Association of SIDS and Infant Mortality Programs, the Association of Maternal and Child Health Programs, and the National Fetal Infant Mortality Review.

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Authors Provide Guidance on Talking About Racism and Health Outcomes

[*Conversations That Matter: A How-To Guide for Hosting Discussions About Race, Racism, and Public Health*](#) is intended to help public health professionals open and sustain constructive conversations about the impact of racism on maternal and child health outcomes. The guide was authored by the Lee Institute and commissioned by CityMatch. It is geared for those who already have a working knowledge of racism, public health, and the connection between the two and draws from what is known about skilled facilitation, community building, and holding difficult conversations. Contents include suggestions and resources for one-on-one conversations, group meetings, and planning teams. Woven throughout the guide are suggested practices especially relevant to talking about racism, as well as questions to help readers assess their comfort with the material.

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MCH Library Releases Resource Guides About Racial and Ethnic Disparities in Health

[Racial and Ethnic Disparities in Health: Knowledge Path](#) directs readers to a selection of current, high-quality resources about preventing, identifying, and eliminating racial and ethnic disparities in health. The new edition of the knowledge path was developed by the Maternal and Child Health Library (MCH Library) at Georgetown University to help health professionals, program administrators, policymakers, and researchers learn more about racial and ethnic health disparities, health equity, and removing barriers to care; for program development; and to locate training resources and information to answer specific questions. Companion resource briefs include the following: [Racial and Ethnic Disparities in Health: Resources for Families](#).

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CYSHCN CORNER

AMCHP Pulse – CYSHCN and Systems Building

This [November/December 2012](#) issue of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on Children and Youth with Special Health Care Needs and Systems Building.

Monthly Webinar Series

The Division of Services for Children with Special Health Needs (DSCSHN) of the Maternal and Child Health Bureau (MCHB) is starting a monthly webinar series of the Division's National Centers. This series was started by the Division to promote the National Centers' work to MCHB's grantees. These Centers provide resources for comprehensive, community-based, family-centered, culturally competent, coordinated systems of care for children and youth with special health needs and their families. On the fourth Tuesday of every month at 3:00 pm (EST), one of the National Centers will discuss their current activities, available materials, and opportunities for technical assistance for MCHB grantees and state programs. The National Centers will start off the webinar with a presentation followed by a question and answer period. DSCSHN's hope is that the grantees can learn about the resources the National Centers have to offer. To join the meeting, go to: <https://hrsa.connectsolutions.com/dscshnmonthly/>. If you have questions, contact [Alaina Harris](#).

Study Defines Successful Transition to Adult Health Care Services and Identifies Predictors of Success

"Survey data suggested that the rate of successful transition to adult health care for CYSHCN [children and youth with special health care needs] was low," state the authors of an article published in the *Maternal and Child Health Journal* online on November 16, 2012. The U.S. Maternal and Child Health Bureau has identified the following as one of the six core outcomes for CYSHCN: "Youth with special health care needs receive the services necessary to make transitions to all aspects of adults life, including adult health care, work, and independence." Medical advances that have extended life expectancy have made more salient the issue of transition to adult health care for individuals with genetic conditions such as cystic fibrosis, chronic health conditions such as congenital heart disease and HIV and AIDS, and developmental disabilities accompanied by other health conditions. The challenges for CYSHCN in successfully transitioning to adult health care services are related to the perspectives of stakeholders involved in the transition process as well as to issues within the health care system. The article describes a study to construct a definition of successful transition to adult health care for CYSHCN and to identify characteristics of CYSHCN that were associated with an increased likelihood of a successful transition to adult health care services.

The 2007 Survey of Adult Transition and Health (SATH) was designed as a national follow-back study to the 2001 National Survey of Children with Special Health Care Needs (NS-CSHCN). The study sample included 1,865 young adults aged 19-23 who had been the subject of the 2001 NS-CSHCN interview (the subjects were aged 14-17 in 2001). The researchers reviewed the literature on transition to adult health care and aligned the results with variables included in the SATH to define a successful transition to adult health care services. According to this definition, a young adult has made a successful transition to adult health care services if he or she:

- Has a usual health care source or personal doctor/nurse.
- Has a health professional who does not treat only children, adolescents, or young adults.
- Has health insurance coverage that meets his or her needs.
- Has had at least one recent (within the past 12 months) preventive health care visit.
- Is satisfied with health care services.
- Has not recently (within the past 12 months) delayed or foregone needed health care services.

The authors found that, based on the definition, 21.6 percent of young adults made a successful transition to adult health care. The researchers also reviewed the literature to identify child and family characteristics that might be expected to be predictors of successful transition and screened the 2001 survey dataset for variables that captured those constructs. The analyses determined which predictors made independent contributions to successful transition. The results indicated that young adults were more likely to make a successful transition if, in 2001, they:

- Had a mother with a college education.
- Were female.
- Received all needed routine preventive care in childhood.
- Had insurance in childhood that allowed them to see the health professionals they needed.
- Had doctors or other health professionals in childhood who listened carefully to them and to their parents.

"The present findings suggest several implications with respect to improved clinical practice," conclude the authors.

Oswald DP, Gilles DL, Cannady MS, et al. 2012. Youth with special health care needs: Transition to adult health care services. *Maternal and Child Health Journal* [published online on November 16, 2012]. [Abstract](#). More information is available from the following MCH Library resource: - [Children and Youth with Special Health Care Needs: Knowledge Path](#).

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Ensuring the Rights of Parents with Disabilities

The [National Council on Disability](#) (NCD), an independent federal agency, recently released [Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children](#), a groundbreaking policy study that includes real-life stories of parents with disabilities, to provide a comprehensive overview of factors that support and obstruct Americans with all kinds of disabilities from exercising their fundamental right to begin and maintain families. *Rocking the Cradle* explores the pervasive prejudices faced by parents with disabilities by exposing the disparate treatment they and their children often encountered within court and service systems and offers draft model state and federal statutory language to correct the discrimination faced by parents with disabilities in the United States.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. November 5, 2012.

National Center Provides Support and Resources to Professionals and Parents About Down Syndrome

The National Center for Prenatal and Postnatal Down Syndrome Resources serves new and expectant parents learning about a diagnosis of Down syndrome, as well as professionals delivering those diagnoses. The [website](#), recently launched at the University of Kentucky's Human Development Institute, comprises a portal to three medically reviewed programs including Brighter Tomorrows, Lettercase, and Down Syndrome Pregnancy. The programs' resources include a tutorial to provide physicians with current knowledge about Down syndrome, as well as communication tools to support families and prospective parents at the point of the initial diagnosis of Down syndrome in utero and after delivery. Additional resources include a summary of best practices for delivering a prenatal diagnosis of Down syndrome and a blog and books (digital and print) for women who are pregnant and expecting a baby with Down syndrome and their families. Information is available in English and Spanish.

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Public Health Grand Rounds

[*Where in health is disability? Public health practices to include people with disabilities*](#) Grand Rounds explored opportunities for optimal quality of life for individuals with disabilities. One in six adult Americans lives with a disability, defined as a limitation in function. Many are at higher risk for multiple chronic conditions, injuries, and increased vulnerability during disasters. Comparatively, people with disabilities are four times more likely to report their health to be fair/poor and 2.5 times more likely to have unmet health care needs than non-disabled peers. \$400 billion is spent annually on disability-related health expenditures. Public health can help change this by promoting wellness and preventing disease in people with disabilities. CDC's approach for a population that experiences diverse functional limitations is to assure that mainstream public health surveys, programs, and policies include people with disabilities across the lifespan, a method that can be modeled by state and federal programs. This powerful session of Grand Rounds explored public health opportunities for disease prevention, intervention and improvement to enable people to live well with functional limitations. The session also highlighted accomplishments of partners and public health agencies in creating and modifying health programs to accommodate people with disabilities.

Family Voices of Wisconsin

The [2012 Fall newsletter](#) focus is on developmental screening and early intervention – why is developmental screening important, what resources are available and how can families talk to their child's doctor if they have concerns about their child's development. Information on Wisconsin's Birth to 3 Program, including eligibility and contact information, is also provided. Hard copies of the newsletter are available through Family Voices or the Regional CYSHCN Centers.

Family Voices will be holding its annual *Listening Session* for families and providers on April 25, 2013, at the [Circles of Life Conference](#) to be held at the Holiday Inn - Stevens Point. Participants will share personal experiences, what works for them and what they would change to improve community supports and services, health care and coordination between programs. Representatives from the Department of Health Services, the Board for People with Developmental Disabilities, Survival Coalition, Council on Children's Long Term Support Needs and Family Voices of Wisconsin will be present to hear concerns and address questions.

For more details contact [Barbara](#) at (608) 220-9598.

Parent to Parent of Wisconsin - Spring 2013 Support Parent Trainings

Join our statewide network of trained, volunteer support parents who support others on the journey of parenting children with special health care needs.

Saturday, February 9, 2013

9:00 am to 3:00 pm

Northeast Regional Center for CYSHCN

Concorde Building

325 N. Commercial Street – Suite 400

Neenah, WI

Saturday, March 9, 2013

9:00 am to 3:00 pm

First American Office Building

122 E. Olin Ave., Ste. 100

Madison, WI 53713

These trainings are sponsored by Autism Society of Wisconsin, the Northeast and Southern Regional CYSHCN Centers, and Parent to Parent of Wisconsin. For more information, or to register for the training, contact [Robin Mathea](#) at (715) 361-2934.